

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE CLAIMS FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-575)</small> </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div>SERIAL NO.</div> <div>FILING DATE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>APPLICANT(S)</div> <div>09 763 955</div> </div> </div> </div>							
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					61	/
2	/					62	/
3	/					63	/
4	/					64	/
5	/					65	/
6	/					66	/
7	/					67	/
8	/					68	/
9	/					69	/
10	/					70	/
11	/					71	/
12	/					72	/
13	/					73	/
14	/					74	/
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21	/					81	/
22	/					82	/
23	/					83	/
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27	/					87	/
28	/					88	/
29	/					89	/
30	/					90	/
31	/					91	/
32	/					92	/
33	/					93	/
34	/					94	/
35	/					95	/
36	/					96	/
37	/					97	/
38	/					98	/
39	/					99	/
40	/					100	/
41	/						
42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.	7					TOTAL IND.	9
TOTAL DEP.	10					TOTAL DEP.	13
TOTAL CLAIMS	17					TOTAL CLAIMS	22

BEST AVAILABLE COPY